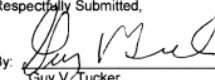


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Paboojian et al.	Group No: 3734																					
Application No: 09/731,318	Examiner: Mendoza, Michael G.																					
Confirmation No: 1028	Attorney Docket No: 53246-US-CNT[2] (NV.0050.01)																					
Filed: December 6, 2000	February 17, 2011 San Francisco, California 94107																					
Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS																						
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																						
Extension of Time																						
<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																						
<table border="1"> <thead> <tr> <th rowspan="2">Extension (Months)</th> <th colspan="2">Extension Fee</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One Month</td> <td>\$130.00</td> <td>\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td>\$490.00</td> <td>\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td>\$1,110.00</td> <td>\$555.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total \$0.00</td> </tr> </tbody> </table>						Extension (Months)	Extension Fee		Large Entity	Small Entity	<input type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	Total \$0.00		
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Total \$0.00																						
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.																						
Fees for Extra Claims																						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee																
				Large Entity	Small Entity																	
Total Claims	18	34	0	\$52.00	\$26.00	\$0.00																
Independent Claims	3	3	0	\$220.00	\$110.00	\$0.00																
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00																
Supplemental Information Disclosure Statement																						
					Total	\$0.00																
Fee Payment			Fee Deficiency																			
Extension of Time	\$0.00		<input checked="" type="checkbox"/> If any additional extension fee is required, please charge Deposit Account No. 10-0258 and/or <input checked="" type="checkbox"/> If any additional fee for claims or any other fee is required, please charge Deposit Account No. 10-0258.																			
Fee for Extra Claim(s)	\$0.00																					
Total	\$0.00																					
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$0.00.			Please direct telephone calls to: Guy V. Tucker at (415) 538-1555. Please continue to send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080																			
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 263-8300, or electronically submitted via EFS on the date shown below:  By: <u>Melanie Hitchcock</u> Date: February 17, 2011 Melanie Hitchcock			Respectfully Submitted,  By: <u>Guy V. Tucker</u> Date: February 17, 2011 Guy V. Tucker Registration No. 45,302																			